

Lieutenant James DeFrancesco

Director

City of Cambridge Police Department Auxiliary Tolice

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> John Graham Superintendent

Personnel & Administration Unit Initial Inquiry Information Form

Please fill out the following information to the best of your ability. This information will be used to start your personnel file, and application status if selected to begin the recruit process. If you have any issues or concerns with this form, please let us know. Also, please submit with this inquiry three letters of recommendation from non-family members. Thank you.

Last Name:	First Name:	M.I Suffix:
Address:		
City:	State:Zip Code:	
Date of Birth (MM/DD	/YYYY)/	
E-mail address:		
Driver's License Numb	per:	State:
Do you currently posse	ss a Firearms ID Card (FID)? Y/N	
Do you currently posse	ss a License to Carry (LTC)? Y/N Class	ss: Unrestricted: Y/N
Do you currently have	a reliable means of transportation? Y/N	
Current Occupation:		
Current place of emplo	yment:	Since:
Job title:		
Duties:		
Supervisor:	May we contact your	employer: Y/N

Contact info:	
Highest education level: (High School/GED)	(Some College) (2yr College)
(4yr College) (Post Grad)	
High School:	Completion:
City: State:	
GED: () Completion date:	
Undergraduate College (if applicable)	Completion:
Concentration: Minor (if applicable):	
City: State	e:
used as both an assessment of how we might b	ice organization? ficer? n bring to our department?
5. What are your expectations of being an Off	icer with the Auxiliary?
Icontained in this disclosure statement is true are information, and belief.	, swear and affirm that the information and correct to the best of my knowledge,
Signature	Date
	tive Purposes Only
Receiving Officer/ Date	
Reviewing Officer/ Date	